## STATEMENT OF

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FEC FORM 1		0	RGAN	NIZ/	ATIC	N													
1. NAME OF			Check if nar	me	Exan	nple:If t	yping,	type	+	12I	7F.4	M5	Off	ice U	se Or	ly			—
COMMITTEE (ir	r full)	į:	s changed)			the line				121	. 154	141.5	_	_	_				
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ADDDECC (access on a	1	6001 Bol	linger Canyo	n Road															
ADDRESS (number a	,	Room B2	2100																
is changed	d)	San Ran	non							ı CA	<u> </u>		9458	33-5	└── 177		 		
		CI	TY 🛦							STAT	 E ▲	L			ZI	P C	DDE 4	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRE	SS																	
(Check if a		alana@	chevron.	com	1 1	1 1 1	1 1	1 1	ı	1 1	ı	1 1	ı	ı	1 1	ı	l l	1 1	ı
is changed	ג)	Optional	Second E-N	fail Add	ress														_
		Li																	
COMMITTEE'S WEB		DRESS (UI	RL)																
2. DATE 0	M / D 13		y y y 2022																
3. FEC IDENTIFIC	CATION NU	JMBER <b>Þ</b>		C co	0035006														
4. IS THIS STATEN	MENT	NEW	(N)	OR	×	AM	ENDE	D (A)											
I certify that I have e	examined th	is Stateme	nt and to th	e best o	of my kr	nowledg	je and	belief	it is	true	, cor	rect a	and	com	plete				
Type or Print Name	of Treasure	r O'Conne	ıll Ruegg, Ala	na, , ,															
Signature of Treasure	er <i>O'Con</i>	nell Ruegg, A	Alana, , ,		l	Electron	ically F	iled]	D	ate		м м 06	1		23	′ [	y y 202	22	Y
NOTE: Submission of	false, errone		omplete infor ANGE IN INF											oena	lties o	of 52	U.S.0	C. §3	0109.
Office Use						<b>For furth</b> Federal E Toll Free	Election	Commi		act:					C F		M 1		_ ,

Local 202-694-1100

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized con	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line	ne 6.) Its connected organization is a:
Corporation Wo Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	_
(f) This committee supports/opposes more than one Federal candidate, and is NOT a s committee. (i.e., nonconnected committee)	eparate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6	5.)
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution ac	ccounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net process committees/organizations, at least one of which is an authorized committee of a federal	•
This committee collects contributions, pays fundraising expenses and disburses net process committees/organizations, none of which is an authorized committee of a federal can	·
Committees Participating in Joint Fundraiser	
1	C
	C

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Write or Type Committee Name		

	Onovion Emp	loyees Political Action C	Onlinitee - Chevi	on Corporation
6.		Organization, Affiliated Committee, Joint es Political Action Committee - C	= -	Leadership PAC Sponsor
	Mailing Address	6001 Bollinger Canyon Road		
		Room B2100		
		San Ramon	CA	94583-5177
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connecte	ed Organization Affiliated Organization	Joint Fundraising Representative	e Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number opti	onal) and position of the person in	possession of committee
		ell Ruegg, Alana, , ,		
	Full Name	6001 Pollinger Conven Bood		
	Mailing Address	6001 Bollinger Canyon Road		
		Room B2100		
		San Ramon	CA	94583-5177
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number 925	5 - 842 - 9151
8.	Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of t ., assistant treasurer).	he treasurer of the committee; ar	nd the name and address of
	Full Name O'Conne	ell Ruegg, Alana, , ,		
	of Treasurer			
	Mailing Address	6001 Bollinger Canyon Road		
		Room B2100		
		San Ramon	CA	94583-5177
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	THE OF EQUITORS			

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Full Name of Designated Agent	Schisel, Alex, , ,	1
Mailing Address	6001 Bollinger Canyon Road	
	San Ramon CA 94583	
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur		842   -   1907
	Depositories: List all banks or other depositories in which the committee deposits funds, holo xes or maintains funds.	ds accounts, rents
Name of Bank, D	epository, etc.	
	Chevron Federal Credit Union	
Mailing Address	PO Box 2069	
	Oakland CA 94604	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number C	
6.		Organization, Affiliated Committee, Joint Funds	aising Representative, or Leadership PAC Spor	nsor
	Renewable Energ	y Group PAC (REG PAC)		
	Mailing Address	416 SOUTH BELL AVE		
		PO BOX 888		
		Ames	IA   50010	, , ,
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲	
	Connected	I Organization X Affiliated Committee Joint	Fundraising Representative Leadership PAC S	Sponsor
8.	Designated Agent: Identify	, but name adduces (nbane number antional)		
	Designated Agent. Identity	by name, address (phone number - optional)		
	Full Name	by name, address (prione number – optional)		
		by name, address (prione number – optional)		
	Full Name	by name, address (prione number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	CITY	STATE A ZIP CODE A	
	Full Name	CITY A		
	Full Name	CITY A	STATE ▲ ZIP CODE ▲	
	Full Name      Mailing Address  TITLE OR POSITION	CITY A  Te	STATE   STATE   ZIP CODE   slephone Number	nts
9.	Full Name Mailing Address  TITLE OR POSITION Banks or Other Depositor	CITY A  ries: List all banks or other depositories in which intains funds.	STATE   STATE   ZIP CODE   slephone Number	nts
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A  ries: List all banks or other depositories in which intains funds.	STATE   STATE   ZIP CODE   elephone Number   the committee deposits funds, holds accounts, rel	nts
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A  ries: List all banks or other depositories in which intains funds.	STATE   STATE   ZIP CODE   elephone Number   the committee deposits funds, holds accounts, rel	nts
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A  ries: List all banks or other depositories in which intains funds.	STATE   STATE   ZIP CODE   elephone Number   the committee deposits funds, holds accounts, rel	nts